

APPOINTMENT STANDARDIZATION Lessons Learned

*at
Naval Hospital Camp Pendleton*



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AGENDA



- Goals
- Background
- Implementation Steps
- Lessons Learned
- Issues

GOALS



- **IMPROVE APPT**
 - **BOOKING**
 - **SCHEDULING**
 - **ACCESS** (WALK-IN, TELEPHONE, WEB)
- **ENSURE RIGHT**
 - PATIENT, PROVIDER, LOCATION,
 - AT THE RIGHT TIME
- **ENSURE PATIENT SATISFACTION**

BACKGROUND



- OTHER MTF REVIEWS (1996 -1997)
- REGION 2 SITE VISIT (OCT 97)
 - NAVAL HOSPITAL PORTSMOUTH
 - LEAD AGENT
- SIGNED NHCP POLICY LETTER (JUN 99)
- RECEIVED TMA INQUIRY (AUG 99)

IMPLEMENTATION

(OCT 99)



- EXECUTIVE STEERING COMMITTEE
 - APPT & ACCESS PLAN
- DRAFTED WORKING GROUP CHARTER
- STANDARD APPT & ACCESS WORKING GROUP (SATAWG)
 - CHAIRMAN (PROVIDER) - PCM BUSINESS MANAGERS
 - CHCS ADMINISTRATOR - MEPRS SUPERVISOR
 - ADS COORDINATOR - MANAGED CARE SPECIALISTS
 - SUPER USERS - BOOKING CLERKS

IMPLEMENTATION (Cont.)



- **STANDARDIZED APPT TYPES**
 - REDUCED 474 TO 10
 - MEPR B CLINICS & APU APPTS
- **MAPPED APPTS TO ADS OVERLAYS**
- **MANDATED MCP BOOKING**
- **MAPPED APPTS TO ACCESS STANDARDS**

TMA/NHCP APPOINTMENT COMPARISON AND ACCESS STANDARDS

TMA APPOINTMENT	NHCP APPOINTMENT	APPLICABLE APPOINTMENT TYPE /ACCESS STANDARD
PCM	NEW	30 DAYS
ROUT	NPRB	1-7 DAYS
EST	BRIEF / DTAIL	NONE
ACUT	ACUTE	24 HOURS
SPEC	CONS	30 DAYS
WELL	HMNT	30 DAYS
PROC	PROC	30 DAYS
GRP	GROUP	NONE
CHCS SYS GENERATED:		
T-CON*	T-CON*	NONE
APV	APV	24 HOURS
N-MTF	N-MTF	NONE

NHCP Decisions

Existing
Data Field

PCM - Initial Primary Care
SPEC - Initial Specialty Care
ACUT - Acute
ROUT - Routine Appointment
WELL - Wellness, health promotion
PROC - Procedure w/designated time
EST - Established follow-up appt
T-CON* - Telephone Consult
GRP - Group/Class

X Extender - Non-Count
\$ suffix - MTF Book



Existing
Data Field

Standard Clinic Location Names



Booking
Authority \$

Existing
Data Field

Access
Status

*New
Data Field

Age
Delineation

*New
Data Field

Appt Time &
Duration

Modified
Data Field

Appointment
Detail Field

*New
Data Field

IMPLEMENTATION (Cont.)



- **TRAINING - MCP BOOKING (LESS MCP REFERRAL)**
 - **APPX. 200 TRAINED (MAR - JUL 99)**
 - **TRAINING EMPHASIZED :**
 - **DEMOGRAPHIC UPDATES**
 - **USE OF MCP TO ENSURE AUTOMATIC DEERS CHECK**
 - **PAS BOOKING**
 - **MCP BOOKING**
 - **MCP REFUSAL DOCUMENTATION**

IMPLEMENTATION (Cont.)



- TRAINING

- APPT CHANGE, JOIN OR SPLIT FUNCTION**
- ALTERNATE CARE VALUES (I.E. ACTIVE DUTY, PRIME, TRICARE STANDARD, MEDICARE, ETC.)**
- ACCESS STANDARDS**
- ENROLLMENT ELIGIBILITY**
- MEPRS VISIT DEFINITION**
- COUNT & NON-COUNT WORKLOAD**
- CHCS END-OF-DAY PROCESSING**
- CHCS & ADS MATCH FORMULA**
- UNIT & DMIS IDENTIFICATION NUMBERS**
- ENROLLMENT BASED CAPITATION IMPACT**

IMPLEMENTATION (Cont.)



- **CONDUCTED PILOT TESTS**
 - FAMILY MEDICINE
 - 31 AREA BRANCH MEDICAL CLINIC
 - NACC PORT HUENEME
 - DERMATOLOGY
 - **SAIC TRAINING - MCP REFERRAL & ATC CODING W/CHCS 4.603 UPGRADE (JUN 00)**
 - APPX. 95 TRAINED
 - **MCP REGIONAL TRAINING AT CAMP PENDLETON**
 - 103 TRAINED
- BOOKING CLERKS - MCP Booking, SUPER USERS - MCP File and Table Build, PROVIDERS - MCP Consult Tracking)

IMPLEMENTATION (Cont.)



- **IMPLEMENTED LOCAL POLICY LETTER (16 JUN 99)**
 - **OUTLINES** APPT TYPES, ACCESS STANDARDS, APPT TIMES, AND DEPT/CLINIC MEMOS
 - **REQUIRES CHANGE MEMOS** TO UPDATE INITIAL DEPARTMENT/CLINIC MEMOS
- **ESTABLISHED ACCESS MEASUREMENT PROCESS**
 - **APPT ANALYZER**
 - MTF, DIRECTORATE, CLINIC LEVEL REPORTS & CHARTS
 - SPECIAL REPORTS

IMPLEMENTATION (Cont.)



- **REVIEWED CHCS CLINIC & PROVIDER PROFILES**
- **CONDUCTED ON-SITE CLINIC ASSIST VISITS**
- **PROVIDED DIRECTORATES W/ PROGRESS REPORTS ON APPT CHANGEOVER**

IMPLEMENTATION (Cont.)

- **TMA APPT TYPE SYSTEM CHANGEOVER (30 SEP 00)**
 - **NO SYSTEM DIFFICULTIES**
 - **CHCS ADMINISTRATOR**
 - ADDED APPT TYPES TO CHCS MASTER APPT LIST & CLINIC PROFILES
 - CORRECT OLD ROU TYPES TO ROUT AND EST1 TO EST
 - OLD DTAIL FU APPT REMAIN IN SCHEDULE UNTIL BOOKED OR EXPIRED IN SYSTEM
 - CHANGE DTAIL FU APPT TYPES IN TEMPLATES TO EST OR ANOTHER TYPE REQUIRED IN FUTURE SCHEDULES
 - **ADS COORDINATOR**
 - TIED NEW/CHANGED APPT TYPES TO ADS OVERLAYS EVERY CLINIC
 - **CLINICS**
 - ADJUSTED NEW SCHEDULES APPROPRIATELY

IMPLEMENTATION (Cont.)



- **REPORTS**

- **CLINIC TEMPLATE ANALYSIS TOOL REPORTS (WEEKLY)**
- **NHCP ACCESS MEASUREMENT REPORT (MONTHLY)**
- **MCP/PAS BOOK AUDIT REPORT (MONTHLY)**
 - PCM/SPECIALTY CARE CLINICS & APUs
 - LEAD AGENT
 - XO/CO/DIRECTORS
 - CLINIC ACCESS POCs


NEXT STEPS



- **CHARTER “NEW “APPT TYPE GROUP TO:**
 - **STANDARDIZE**
 - CLINIC SCHEDULE MANAGEMENT PROCESSES & APPT TIMES
 - **REVIEW**
 - FOLLOW-UP APPT PROCEDURES, CORRECT MIX & NUMBER OF APPTS & DEMAND MANAGEMENT
 - REGION 11's CHCS TRAC 1, 2, 3 METHOD
 - **INCLUDE SEASONAL REQUIREMENTS**
 - **MODIFY PROVIDER SCHEDULES**
 - FROM 30 TO 60 “ROLLING” DAYS
 - CHANGE WORK HOURS TO 0730 -1800 (MON-FRI)

NEXT STEPS (Cont.)



- **UPDATE CHCS MASTER LIST OF APPT TYPES**
- **OBTAIN ADHOCS**
 - MCP FILE & TABLE FLAG REPORT
 - PAS & MCP FREE TEXT FIELD REPORT
- **WORK TO SIMPLIFY MCP REFERRAL BOOKING**
- **LOOK AT DEMAND MANAGEMENT ISSUES**
- **IMPLEMENT WEB BASED APPOINTING**
-  **KEEP BUTTS OUT OF WAITING ROOM CHAIRS**

LESSONS LEARNED



- **REDUCED APPTS LED TO REDUCED ADS FORMS**
- **INCREASED ACUTE APPT AVAILABILITY**
- **LESS APPT TYPES MORE EFFICIENT**
- **BOOK APPTS CORRECTLY AT FIRST -
NOT AT END-OF-DAY**
- **BOOK ACCESS CODE TO APPT TYPE**
- **IMPROVED CHCS DATA QUALITY**

ISSUES



- **PROVIDER CLINIC TEMPLATE/SCHEDULE REVISIONS**
 - LABOR INTENSIVE (38 MANHOURS FOR 50 PROVIDERS)
- **NONMEDICAL APPT CLERKS**
 - MATCH PATIENT NEEDS TO APPT TYPE/ACCESS STANDARD
- **GS BOOKING CLERK POSITION DESCRIPTIONS**
 - ADD CONSULT & ENROLLMENT RESPONSIBILITIES IN CENTRAL APPTS
- **DEPARTMENT/CLINIC MEMOS**
 - FORWARDED TO MANAGED CARE & CENTRAL APPTS
- **SHARED CHCS PLATFORM & SERVER**
 - COORDINATE BETWEEN HOST & MTFs

ISSUES (Cont.)

- **TRAINING MATERIALS** UP-TO-DATE & STAFF TRAINED IN MCP BOOKING/FILE & TABLE PROCESSES
- **TRAIN CLERKS** DMIS ID 6909 = PRIME NETWORK PROVIDER
- **IS NEW (ACUTE) PT APPT** BOOKED AS ACUTE OR PCM (NEW)? (ACUTE & RETURN TO PCM FOR NEW / PT FU)
- **IS NEW (WELL) 1ST TIME (INITIAL) PT APPT** FOR PAPs, PHYSICAL EXAMS BOOKED AS PCM (NEW) OR (WELL)? (NEW)
- **CLARIFY WORKLOAD** (COUNT/NON-COUNT) AT TMA LEVEL
- **TIE MCP REFUSED APPOINTMENTS & DUPLICATE APPTS TO ACCESS TO CARE REPORT PROCESS**
- **MCP FILE/TABLE IS COMPLETED** FOR PCM & SPECIALTY CARE CLINICS

ISSUES (Cont.)



- **CREATE STANDARD & ADHOC REPORTS PROCESS**
 - APPT UTILIZATION & DEMAND MANAGEMENT
- **DETERMINE NEW ALTERNATE CARE VALUES (ACVs)**
 - IN NED & MODIFY CHCS GS ADHOCS
- **RESOLVE MCP CONSULT TRACKING/REFERRAL ISSUES, I.E.**
 - TOO MANY STEPS
 - INPUT, REVIEW, BOOK AND RESULT PROCESS
 - CHCS ADMIN MESSAGES

QUESTIONS



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